

COMPLAINT INTAKE FORM
SALINA HUMAN RELATIONS COMMISSION

SALINA HUMAN RELATIONS DEPARTMENT
300 W. Ash - Salina, KS 67401 Office: 785-309-5745 - FAX: 785-309-5745

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Office Only: T M P

Initial : _____

Intake: _____

Please answer the following questions, telling us briefly why you feel you have been discriminated against. Answer all questions as completely as possible. If you have already filed with a STATE or FEDERAL AGENCY, or if your complaint is about something that happened over 1 year ago, STOP and call our office. Upon completing this form, mail it in and we will call to set up an appointment to talk with you concerning your complaint intake information. *****Please be advised that housing complaints are dually filed with the U.S. Department of Housing and Urban Development.*****

☐

EMPLOYMENT

☐

HOUSING

☐

PUBLIC ACCOMMODATIONS

COMPLAINANT INFORMATION (You):

NAME _____ TELEPHONE: HOME _____ WORK _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

I PREFER TO BE CONTACTED AT WORK / HOME: DAYS: _____

TIME: _____

PLEASE PROVIDE THE NAME OF A PERSON AT A DIFFERENT ADDRESS WHOM WE CAN CONTACT WHEN UNABLE TO REACH YOU:

NAME _____ RELATIONSHIP _____ TELEPHONE _____

RESPONDENT INFORMATION (Person who you believe is discriminating against you):

NAME _____ TELEPHONE _____

(LANDLORD OR PROPERTY MANAGER) OR (EMPLOYER/COMPANY)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLEASE FILL OUT THE APPROPRIATE BOX AS COMPLETELY AS POSSIBLE:

EMPLOYMENT

Job
Location _____

Job Title _____

Salary _____

Date
of Hire _____

OR
Hire Denial _____

Date of
Termination _____

Supervisor _____

HOUSING

Unit
Location _____

Rent (wk/mo) \$ _____

Lease? ☐ Yes ☐ No

Length
Of Lease _____

Deposit \$ _____

Pet Deposit \$ _____

Date
Moved in _____

OR
Date Refused _____

PUBLIC ACCOMMODATIONS

Business or Public Area
where incident occurred
(be specific) _____

Date of
Incident _____

Approximate time of
Incident _____

"I believe I was discriminated against because of my..." (CHECK ALL APPLICABLE)

☐ **RACE** _____
(SPECIFY RACE)

☐ **NATIONAL ORIGIN** _____
(SPECIFY WHERE YOU WERE BORN, IF OUTSIDE USA)

☐ **COLOR**

☐ **ANCESTRY** _____
(SPECIFY YOUR ETHNIC GROUP – I.E. MEXICAN, INDIAN)

☐ **SEX (GENDER)** ☐ MALE ☐ FEMALE

☐ **RELIGION** _____
(SPECIFY YOUR DENOMINATION)

☐ **AGE (EMPLOYMENT ONLY)**

☐ **DISABILITY:** ☐ MENTAL ☐ PHYSICAL

☐ **FAMILIAL STATUS (HOUSING ONLY)**

☐ **RETALIATION** ☐ **BY ASSOCIATION**

IDENTIFY BY NAME AND JOB TITLE, THE INDIVIDUAL(S) YOU BELIEVE DISCRIMINATED AGAINST YOU (IF KNOWN).

IN WHAT WAY WERE YOU DISCRIMINATED AGAINST? PLEASE NOTE INCIDENTS(S) THAT YOU FEEL ARE DISCRIMINATORY IN NATURE. LIST ACCORDING TO DATE, EARLIEST TO LATEST, AND INCLUDE DATE:

LIST NAMES, ADDRESSES AND TELEPHONE NUMBERS OF WITNESSES, AND GIVE DESCRIPTION OF THE INFORMATION THEY CAN PROVIDE THAT WOULD SUPPORT YOUR ALLEGATIONS:

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

SETTLEMENT INFORMATION

WHAT DO YOU FEEL WOULD RESOLVE THE ISSUE BETWEEN YOU AND THE RESPONDENT, AND SETTLE YOUR COMPLAINT AGAINST THEM? BE AS SPECIFIC AS YOU CAN. WE WILL USE THIS INFORMATION TO SET UP RESOLUTION BETWEEN YOU AND THE RESPONDENT:

Routine Uses: Information provided on this form will be used by the Salina Human Relations Commission and Salina Human Relations staff, to determine the existence of facts relevant to a decision as to whether the Commission has jurisdiction over potential complaints or allegations of housing, employment, or public accommodations discrimination, and to provide such pre-complaint filing counseling as appropriate. Information provided on this form may be disclosed to other agencies as may be appropriate or necessary to carry out the Salina Human Relations Commission's mission. Providing this information is voluntary. Failure to do so may hamper the Commission's investigation of your complaint of discrimination.

SIGNATURE OF COMPLAINANT

DATE OF SIGNATURE